

15 Day Review Period
30 Day Approval Process

\$50 Non-Refundable
Application Fee
Required with this Form
No Out of State Checks
Accepted

Town of Lincoln
Vendor Permit Application Form

Submit to: Lincoln Police Department
Main Street P.O. Box 488
Lincoln, NH 03251

Name of Applicant: _____

S.S. # of Applicant: _____ Applicant's D.O.B.: _____

Home Address: _____

Business Address: _____

Name of Owner of Vending Business: _____

(If different from above)

Address: _____

Name of Property Owner: _____

(If different from above)

Location of Vending Operation: _____

Abutters: _____

Description of Stand or Motor Vehicle (including registration data) to be used in

Vending Business: _____

Description of merchandise or services being offered: _____

Hours and Days of Operation: _____

Length of Proposed Stay: _____

State permit required? Yes No

If yes, a copy must be submitted with this application.

Applicant Signature

Property Owner's Signature

General information: The Lincoln Police Department will conduct a background check on the information submitted in this application and make a recommendation for approval or disapproval to the Board of Selectmen within 15 days. The Board may then conduct such further investigation or fact finding as they deem appropriate, including public notice and a public hearing, if deemed necessary. The Selectmen will act on the application within 30 days after receipt of the Police Department's recommendation and shall notify the applicant of their decision. In the case of a denial, the Selectmen shall indicate the basis of the denial, which may include, without restriction because of enumeration:

- 1). Fraud or misrepresentation contained in the application
- 2). Over-intensive vending activities within the area or during the time proposed
- 3). Inadequate information as to the nature of the proposed business or identity of the applicant
- 4). The nature of the area proposed for vending is inappropriate due to its residential character, traffic, access or other factors, or
- 5). Such other reasons as the Selectmen determine necessary for the public health, safety and welfare.

FOR USE BY LINCOLN POLICE DEPARTMENT

Date Received: _____ Received by: _____

Background check conducted by: _____

Comments: _____

Recommendation:

Approve

Disapprove

Lincoln Police Department

Recommendation:

Approve

Disapprove

Theodore P. Smith, Chief